

05-CV-00199-CMP

Civil Rights Complaint (Rev. 03/98)

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON

Posted

Se.  
Mark Wayne Swanson  
(Name of Plaintiff)

CV05 0199 RSL  
MJS

vs.

CIVIL RIGHTS COMPLAINT  
UNDER 42 U.S.C. § 1983

King County  
Correctional  
Facility

(Names of Defendants)

I. Previous Lawsuits:

A. Have you brought any other lawsuits in any federal court in the United States while a prisoner: ☐ Yes ☒ No

B. If your answer to A is yes, how many?: \_\_\_\_\_ Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (give name of District)

3. Docket Number \_\_\_\_\_
4. Name of judge to whom case was assigned \_\_\_\_\_
5. Disposition (For example: Was the case dismissed as frivolous or for failure to state a claim? Was it appealed? Is it still pending?)  
\_\_\_\_\_
6. Approximate date of filing lawsuit \_\_\_\_\_
7. Approximate date of disposition \_\_\_\_\_

II. Place of Present Confinement: \_\_\_\_\_

- A. Is there a prisoner grievance procedure available at this institution?  
☒ Yes      ☐ No
- B. Have you filed any grievances concerning the facts relating to this complaint?  
☒ Yes      ☐ No

If your answer is NO, explain why not \_\_\_\_\_

- C. Is the grievance process completed?      ☒ Yes      ☐ No

If your answer is YES, ATTACH A COPY OF THE FINAL GRIEVANCE RESOLUTION for any grievance concerning facts relating to this case.

III. Parties to this Complaint

- A. Name of Plaintiff: Mark Swanson Inmate No.: 204028089  
Address: 620 West James St Kent WA 98032

(In Item B below, place the full name of the defendant, his/her official position, and his/her place of employment. Use item C for the names, positions and places of employment of any additional defendants. Attach additional sheets if necessary.)

- B. Name of Defendant: King County Correctional Facility  
Official position: Medical Department  
Place of employment: Regional Justice Center  
Address: 620 West James St Kent WA 98032

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C. Additional defendants \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## III. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates, places, and other persons involved. Do not give any legal arguments or cite any cases or statutes. If you allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets if necessary.)

On July 15, 2004 I was arrested, and in lieu of an injury, I was first taken to St Francis Hospital at 34519 9th Ave So, FEDERAL Way Wash 98023 for treatment of a broken right wrist. At the hospital I was told to see a specialist within 3 days due to the severity of the injury. The doctor then gave the officers my X-rays and a written report to be given to the clinic upon arrival to jail. Upon arrival at the Regional Justice Center (Jail) I immediately tried to contact the officers on shift and explained that I had a medical emergency and I needed to see a doctor to which I was ignored. The officers on multiple shifts neglected to investigate the seriousness of my claims and by doing so inflicted unnecessary pain and suffering and a refusal to assist getting me medical treatment within the time frame that would outright constitute as an emergency. Numerous times I pushed the button located in my cell that is designed for medical emergencies and was ignored which denied me any access to medical care. I repeatedly asked for medical assistance on an average of 10 times a day for approximately 14 days until I was finally seen and my hand was placed into a cast without being properly set at the clinic which went against all recommendations of St Francis Hospital, fourteen days after the incident which was on July 29, 2004. The nurses at the clinic do not qualify as specialists and should not have ignored the previous assessment of the hospital. Instead they saw fit to cast my hand without setting it. Due to the fact I was ignored by the medical staff

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### IV. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

Due to unprovoked negligence that has resulted in an infliction of pain and suffering I seek monetary compensation for all medical expenses, I want compensation for the willful neglect that violates my rights, and I want to be compensated for the 40 percent loss of movement of my wrist and most importantly I would like to be compensated for all future medical bills that will incur with the fixing of my wrist.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 14 day of December, 2004.

Mark Wayne Hanson  
(Signature of Plaintiff)

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Wrist would EVER be the same  
would be through numerous surgeries  
and they would have to REbreak it  
and set in all the MISALIGNED places!  
Through out this time PERIOD I WENT  
through all the PROPER STEPS in the  
GRIEVANCE PROCESS to NO avail. Just  
like my pleas for MEDICAL assistance,  
this was IGNORED also or just plain  
brushed off.

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For such an EXTENSIVE amount of time, that since that happened I have lost roughly 40 PERCENT of the SCOPE MOVEMENT of my dominant hand which now partially HANDICAPS ME.

On August 19, 2004, I was Transported from the Jail to Harborview Medical Center in Seattle due to multiple complaints on my part for pain and sufficient GROUNDS for MISTREATMENT, and was finally RE-X-RAYED at Harborview. While talking to the physician and REVIEWING my latest X RAY, I was INFORMED that due to the clinic ignoring my NEEDS for that amount of time, that now the elapsed time along with the Jail putting on a cast without setting it, that now in Reality the damage is already done through previous neglect.

Harborview went ahead and RECASTED my hand with a proper fitting cast, but the technician through a conversation INFORMED ME that since my wrist was neglected for so long that it had already started the healing process on the improperly forming bones. I asked about resetting it and was INFORMED that the only way my



**Inmate Medical Grievance**

(Directions on Back)

FILED  
LOGGED  
ENTERED  
RECEIVEDKing County  
Department of  
Adult and Juvenile Detention

FEB 01 2005

Name Mark Wayne Swanson Location: G 130  
To: Jail Health SupervisorMy grievance is about: My wrist that was broken is not healing right & I am being treated with deliberate indifference.I tried to solve this problem with staff member (name): Nurse @ 10:00 triage (David)On (date/time) 10/6 @ 10:00am The resolution the staff member stated was: "Get a hold of my lawyer"I request the following resolution to my grievance: X-ray my wrist - treat discomfort - treatMark W Swanson  
Inmate SignatureDate/Time 10-6-04  
7:40 pm

Expect a response within 5 working days of receipt.

Response to grievance: MR SWANSON YOU WERE SEEN BY MEDICAL ON 9/14/04 X-RAYS WERE REVIEWED YOUR WRIST IS HEALING YOU MAY USE IBUPROFEN FROM COMMISSARY FOR PAIN AND EXERCISES

Supervisor Signature

Delivered to inmate by: Della EnDate/Time 10/8/04 2:1600

To appeal this decision, fill out the next section and give to a staff member within 24 hours of receipt.

I appeal the decision because: my wrist was broke on 7-15-04 and was not x-ray till 7-29-04 and it was to late to fix itTo: Jail Health AdministratorMark W SwansonDate/Time 10-13-04 OCT 14 2004 09:43

Inmate Signature

Expect a response within 10 working days of receipt.

Response to appeal: Mr. Swanson, your medical records indicate the events regarding your wrist. If you are using over-the-counter pain meds like Ibuprofen, not Aleve, and doing your wrist exercises and the pain continues please rekit medical and you'll be referred to the provider.

Supervisor Signature

Date/Time 10/15/04 0930

Delivered to inmate by:

Date/Time

**UW Physicians****PHYSICIAN STATE.**

Page 1

Make checks payable to: UW PHYSICIANS  
 Please mark box and complete reverse side if paying by  
 credit card or if your insurance coverage has changed: ☐  
 Please mark any address changes below.

STATEMENT DATE: 09/18/2004  
 PATIENT NAME: MARK WAYNE SWANSON  
 ACCOUNT NUMBER: 21-1068538  
**PAYMENT DUE NOW: 107.30**

PLEASE INDICATE  
 AMOUNT ENCLOSED:

Please use reverse side if paying by credit card.

MARK WAYNE SWANSON  
 500 5TH  
 SEATTLE WA 98104-2332



UW PHYSICIANS

PO BOX 50095  
 SEATTLE, WA 98145-5095

FOR PROPER CREDIT PLEASE RETURN THE TOP PORTION OF THIS STATEMENT WITH YOUR PAYMENT

08/16/04		813.45	PETER REIST EBY MD						
		731.10	HMC RADIOLOGY ECHO						
			X-RAY WRIST 3+ VU	36.00					36.00
08/16/04		813.27	SUSAN NEWELL STEVENS MD						
		992.13	HMC OUTPATIENT						
			OFFICE/OUTPAT VISIT PSY	71.30					71.30
			Totals	107.30	0.00	0.00	0.00	0.00	107.30

\*\* Balance represents pending insurance plus patient responsibility  
 ++ Deductibles, co-pays and non-covered by insurance

STATEMENT DATE: 09/18/2004 ACCOUNT NUMBER: 21-1068538 PATIENT NAME: MARK WAYNE SWANSON

CURRENT	31-60 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 DAYS
0.00	107.30	0.00	0.00	0.00

PAYMENT DUE
107.30

**UW Physicians**

P.O. Box 50095  
 Seattle, WA 98145-5095  
 206-543-8605  
 1-888-234-5467  
 (toll free in Washington state)

IMPORTANT: This statement reflects Physician services only.  
 You may receive a separate statement for hospital/clinic charges.  
 Payment of the balance shown is due and payable within 30 days unless prior  
 payment terms have been arranged. See reverse side for more information.

WWW.UWPHYSICIANS.ORG

PAYMENTS RECEIVED AFTER THE STATEMENT DATE WILL APPEAR ON YOUR NEXT STATEMENT